

Carlsbad City Library
2015 Summer Reading Program
YOUTH VOLUNTEER APPLICATION

Carlsbad City Library is accepting applications at all three library locations for youth volunteers to assist with the Summer Reading Program (SRP) which runs from **June 22 through August 7**. Volunteers sign up children to participate in the program, listen to them talk about what they've been reading, distribute prizes, and help with special programs and events at the library. You are eligible to be a volunteer if:

- You will be enrolled in the 7th through 12th grades in the fall of 2015 and
- You turn in the completed three-page application packet no later than **5:00 p.m. on May 22, 2015**

Please print legibly the following information:

Volunteer Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email (required): _____ Grade in 2015/16: _____

Have you been an SRP volunteer in the past? (yes or no) _____ If yes, how many years? _____

At which location would you like to volunteer? (you may choose **only** one):

Dove Library _____ Cole Library _____ Library Learning Center _____

May we send volunteer and program notifications by email during the 2015-2016 school year (yes or no)? _____

All volunteers must attend a scheduled training session, even if you have previously been an SRP volunteer. Please bring your calendar and sign up for training when you submit your application.

I have read all of the volunteer application and release statements. I understand the SRP volunteer responsibilities and agree to perform the duties as described.

Volunteer signature: _____ Date: _____

Parent's name (please print): _____

Parent's signature: _____ Date: _____

All application documents are due no later than 5:00 p.m. on Friday, May 22, 2015.
Sorry, late applications cannot be accepted.

Please turn in your completed application materials **in person** to the location where you wish to volunteer:

Dove Library Children's Desk: 1775 Dove Lane, 760-602-2047

Cole Library Youth Services Desk: 1250 Carlsbad Village Drive, 760-434-2897

Library Learning Center Bilingual Services Help Desk: 3368 Eureka Place, 760-931-4500

For staff use only:

Date submitted: _____ Received by (staff initials): _____ Training date & time: _____

Carlsbad City Library
2015 Summer Reading Program
YOUTH VOLUNTEER AGREEMENT

Thank you for applying to be part of our Summer Reading Program (SRP). As a youth volunteer with Carlsbad City Library, you agree to:

- Understand that your first priority as a volunteer is to help children participating in the Summer Reading Program.
- Be a positive role model. Represent the library well by being polite to everyone, including staff members and your fellow volunteers.
- Be enthusiastic—help make this a fun and rewarding program!
- Dress appropriately.
- Be on time. If you are running late, please call to let us know.
- Scheduling and/or rescheduling is the responsibility of the volunteer. Details will be provided at the training. Library Staff will not be able to schedule shifts for you over the phone.
- Contact us as soon as possible if you cannot volunteer when expected. You may be removed from the program if you miss a shift without informing us ahead of time.
- Find something quiet to do if you are not helping a child. You can ask staff if they have a project for you or you can read.
- While volunteering, you may not talk on the phone, use electronic devices including e-readers or have non-volunteering friends or family be with you.
- Understand that if we have to speak with you more than once about your conduct while volunteering, you may be removed from the program.

Volunteer Name (please print): _____ Date: _____

Volunteer Signature: _____

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Friday, May 22, 2015

VOLUNTEER SERVICES AGREEMENT AND RELEASE

Confidentiality Agreement

I respect the confidentiality of City information and will discuss or give official information only as directed by a supervisor. No confidential information will be provided to the public except within the guidelines of the City.

Photo Release

I give the City of Carlsbad, free of any compensation, unlimited permission to use, publish, and republish, in any media now in existence or that may later be developed, for any lawful purpose as it may determine, information and reproductions of my likeness and my voice related to any aspect of my volunteer service for the City. I hereby waive my right to first review the use of my likeness or voice before any use or publication.

Volunteer Handbook

I acknowledge that I have received City of Carlsbad Volunteer Handbook. I further understand that, by signing this statement, I have read or will read the Volunteer Handbook and that I understand its contents, or will discuss all questions that I have with my supervisor or the Community Volunteer Coordinator on the first day of my volunteer service. I also realize that this statement will become a permanent part of my volunteer personnel file.

Reference Verification and Background Checks

I authorize reference and employment verification as necessary for specific positions that I have volunteered to perform. I authorize fingerprinting, photographing and criminal background checks and Department of Motor Vehicles checks as necessary for specific positions that I have volunteered to perform. On behalf of myself, my heirs and representatives, I hereby release the City of Carlsbad, its elected officials, employees and agents from all liability for any damages that may result from my reference verification and background check(s). The background check policy is available upon request.

Permission to Seek Medical Treatment

In the event of an emergency, I hereby give the City of Carlsbad permission to seek medical attention for myself or my child, if volunteer applicant is less than 18 years of age.

Insurance Information and Release

I understand that there is some risks and that I may be injured in the course of performing these volunteer activities or services for the City. I understand that the City's policy is to cover volunteers as "employees" of the City for sole purpose of California Workers' Compensation benefits. I also understand that under Workers' Compensation laws, Workers' Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services. I further understand and agree that I will only be entitled to medical expenses under the City's Workers' Compensation. I will not be entitled to any other Workers' Compensation benefits which may include, but are not limited to, permanent or temporary loss of use damages, replacement income or vocational rehabilitation benefits. With the exception of Workers' Compensation benefits as set out above, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the City of Carlsbad or any of its agents, officers, employees or other volunteers, for injury or damage resulting from negligence, howsoever caused, by any employee, agent, officer or volunteer of the City of Carlsbad as a result of my participation in this volunteer activity or service. In addition, I hereby release and discharge the City of Carlsbad, its agents, officers, employees and other volunteers from all actions, claims and demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A PARTIAL RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF CARLSBAD AND SIGN IT ON MY OWN FREE WILL.

Volunteer Name (please print)

Date

Volunteer Signature

Signature of parent or guardian if volunteer is under 18 years of age

Date

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